

Policy & Procedure Manual

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**DOCUMENTATION OF MEDICATION AND TREATMENT  
ADMINISTRATION – R-V-3**

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**POLICY:**

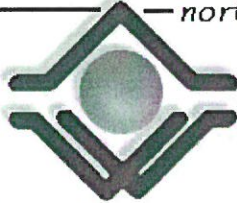
A permanent record of medications and/or treatments administered to an individual will be maintained. This record will include the person's name, the name of the drug, the period for which it is prescribed, the frequency, signature or initials of the staff who administers the medication/treatment and the route.

**PURPOSE:**

To ensure that accurate information regarding all medication and treatment administration is recorded for each individual.

**PROCEDURE:**

1. Each staff member will sign their name and initials on the signature sheet (see Appendix A) located in the **Health Appointment Information section** of the individual's Personal Binder.
2. Medication Administration Record (MAR) sheets (see Appendix B) are automatically provided to the group homes by Janzen's Pharmacy at the end of each month or when changes occur. MAR sheets will be kept in the medication binder with the Physician's Orders.
3. The staff member administering the medication/treatment will initial the appropriate box on the MAR sheet immediately following administration.
4. There is a listing of chart notations at the bottom of the MAR sheets which are to be used to indicate the reason a medication is not given. These are:
  1. Drug Refused
  2. Nausea/ Vomiting
  3. Hospitalized
  4. LOA
  5. Drug Ordered Not Received



Personal Support Services

**POLICY: R-V-3**

**DEPARTMENT:** Community Services

**CATEGORY:** Medication and Treatment

**EFFECTIVE DATE:** April 2018

**SUPERSEDES VERSION DATED:** December 2015

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6. Pulse Below 60/min
7. Sleeping
8. Hold – See Note
9. Drug Holiday
10. Other

When using these notations, write the number in the appropriate box on the MAR sheet (see Appendix B, sample 1). An explanatory note must be made in the individual's progress notes and the Daily Log Book to correspond with these notations (for some examples of explanatory notes, see Appendix D). Complete Incident Reports as required and indicated above.

5. When a PRN medication is administered, on the MAR sheet initial the appropriate date (see Appendix B, sample 2). A corresponding note is made in the individual's progress notes indicating the reason for administering the PRN, what drug and dosage was given, time given, and the effect of the medication. If the PRN was a drug used to help manage behaviour or a drug used to manage pain, you must record on the PRN tracking sheet every 15 minutes for 2 hours following administration (see Appendix E). A notation must be made in the Daily Log Book.
6. An Incident Report will be completed according to Incident Reporting and Follow-Up Policy AD-I-6 whenever a PRN medication has been used to deal with behaviour or when administered as part of seizure protocol.

**RECOMMENDED BY:** Director, Community Services

**APPENDICES:** 4

**OPERATIONAL ACCOUNTABILITY:** Administration, Community Services

**ORIGINAL POLICY DATE:** March 1992

**AUTHORIZED BY:** Executive Director

**SIGNATURE:** \_\_\_\_\_











# Partial MAR by Dosage

Janzen's Pharmacy Lillie St (807) 344-0405

Apr 1, 2018 to May 1, 2018

<b>Patient:</b> JANE PACMED <b>Area:</b> <b>TP#:</b> ON <b>Admission Date:</b> Feb 17, 2018 <b>Birth Date:</b> Nov 30, 2010 <b>Age:</b> 8 <b>Weight:</b> kg/      lbs <b>NH#:</b> 553 OPTIONS NORTHWEST <b>Physician:</b> DAVID KING (807) 344-0405	<b>Diet:</b> <b>Med Conditions:</b> DIABETES MELLITUS <b>Allergies:</b> PENICILLINS, OPIOIDS - MORPHINE ANALOGUES <b>Notes:</b> <div style="text-align: right; font-weight: bold;">                 POLICY: R-V-3                  APPENDIX C             </div>
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PRN	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	01	
ACETAMINOPHEN PEDIATRIX      CA #565432 N AU Jul 17, 2017 160MG/5ML      LIQUID      TEV TAKE 5 ML (1 TEASPOONFUL) EVERY 6 HOURS WHEN REQUIRED																																
DOCUSATE SODIUM      CA APO-DOCUSATE SODIUM      #4321570 N 100MG      CAPSULE      APX AU Feb 17, 2018 TAKE 1 CAPSULE TWICE DAILY WHEN REQUIRED																																
RISPERIDONE      AR ACT-RISPERIDONE      #4321556 N 3MG      TABLET      ACT ylw, ovl flm c, 3 TAKE 1 TABLET AT BEDTIME WHEN REQUIRED																																

BF Sample 1

CODES	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT
1 - DRUG REFUSED						
2 - NAUSEA/VOMITING						
3 - HOSPITALIZED						
4 - L.O.A.						
5 - DRUG ORDERED NOT RECEIVED						
6 - PULSE BELOW 60/MIN						
7 - SLEEPING						
8 - HOLD - SEE NURSE'S NOTE						
9 - DRUG HOLIDAY						
10 - OTHER						



















Client Name John Doe

PRN Tracking – Record Observation every 15 minutes for 2 hours following administration

POLICY R-V-3  
APPENDIX F

DATE: <u>July 10/18</u>	Time Administered: <u>1130 am</u>	Medication (Name/Dose): <u>Ativan 1mg S.L.</u>	Reason for Administration: <u>increase anxiety, pacing, fixated activity</u> <small>(Pain, SIB, Aggression)</small>	Less/non-intrusive strategies attempted prior to PRN administration: <u>offered to go for a walk + cup of tea</u> <small>(redirection, ignoring, behavioural momentum, etc.)</small>
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Effectiveness Tracking:				
15 minutes post administration <input checked="" type="checkbox"/>	What is the person doing? <u>continues to pace, appears anxious.</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30 minutes post administration <input checked="" type="checkbox"/>	What is the person doing? <u>pacing reduced, watching T.V. in between pacing.</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45 minutes post administration <input checked="" type="checkbox"/>	What is the person doing? <u>sitting watching T.V. with other individuals in the home</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1-hour post administration <input checked="" type="checkbox"/>	What is the person doing? <u>Enjoying lunch</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1 hour 15 minutes post administration <input checked="" type="checkbox"/>	What is the person doing? <u>Enjoying lunch</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1 hour 30 minutes post administration <input checked="" type="checkbox"/>	What is the person doing? <u>Ate well, assisting with clean up after lunch</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1 hour 45 minutes post administration <input checked="" type="checkbox"/>	What is the person doing? <u>relaxed and enjoying visit with friend.</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2-hour post administration <input type="checkbox"/>	What is the person doing? <u>content and continues to enjoy visit with friend.</u>	Have you noted, or has the person disclosed any negative side effects? <u>none observed</u>	PRN Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Staff name (Print) Public Staff Signature [Signature]  
 Incident Report completed/faxed  Family / POA notified Yes  No

